

Meeting Summary
Advisory Panel on Medicare Education (APME)
Thursday, May 23, 2002, 9:00 a.m. - 5:00 p.m.

Medicare Education Update
APME Annual Report

Location:

The meeting was held at the Wyndham Washington D.C. Hotel, 1400 M Street, NW, Washington, D.C., 20005.

Federal Register Announcement:

The meeting was announced in the Federal Register on April 26, 2002 (Volume 67, Number 81, Pages 20802-20803) (**Attachment A**).

PRESENT:

Carol Cronin, Chairperson

David Baldrige, Executive Director, National Indian Council on Aging

Jennie Chin Hansen, Executive Director, On Lok Senior Health Services

Joyce Dubow, Senior Policy Advisor, Public Policy Institute, AARP

John H. Graham, IV, Chief Executive Officer, American Diabetes Association

Dr. William Haggett, Senior Vice President, Government Programs, Independence Blue Cross

Thomas Hall, Chairman/Chief Executive Officer, Cardio-Kinetics, Inc.

David Knutson, Director, Health System Studies, Park Nicollet Institute for Research and Education

Brian Lindberg, Executive Director, Consumer Coalition for Quality Health Care

Katherine Metzger, Director, Medicare and Medicaid Programs, Fallon Community Health Plan

Dr. Laurie Powers, Co-Director, Center on Self-Determination, Oregon Health Sciences University

Dr. Marlon Priest, Professor of Emergency Medicine, University of Alabama at Birmingham

Dr. Susan Reinhard, Co-Director, Center for State Health Policy, Rutgers University

Dr. Everard Rutledge, Vice President of Community Health, Bon Secours Health Systems

Jay Sackman, Executive Vice President, 1199 Service Employees International Union

Dallas Salisbury, President and Chief Executive Officer, Employee Benefit Research Institute

Rosemarie Sweeney, Vice President, Socioeconomic Affairs and Policy Analysis, American Academy of Family Physicians

Bruce Taylor, Director, Employee Benefit Policy and Plans, Verizon Communications

**Advisory Panel on Medicare Education
May 23, 2002**

Staff:

Nancy Caliman, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services

Guests:

Adolph Falcón, Vice President, Center for Science and Policy, National Alliance for Hispanic Health

Others:

A sign-in sheet listing other attendees is incorporated as **Attachment B**.

PANEL MEMBERS ABSENT:

Dr. Jane Delgado, President and Chief Executive Officer, National Alliance for Hispanic Health

Timothy Fuller, Executive Director, Gray Panthers

Welcome and Open Meeting

Nancy Caliman, Centers for Medicare & Medicaid Services (CMS)

Nancy Caliman, Designated Federal Official for the Advisory Panel on Medicare Education (APME), called meeting to order at 9:10 a.m.

Swearing in of New Members

Michael McMullan, Acting Director and Deputy Director for Beneficiary Education, Center for Beneficiary Choices, CMS

Ms. McMullan administered the oath of office to the newly appointed members: Joyce Dubow, John Graham, Dr. William Haggett, Thomas Hall, David Knutson, Brian Lindberg, Katherine Metzger, Dr. Laurie Powers, Dr. Marlon Priest, Dr. Susan Reinhard, Dr. Everard Rutledge, Jay Sackman, Dallas Salisbury, Rosemarie Sweeney, and Bruce Taylor.

Introduction of Members

Carol Cronin, Chairperson, Advisory Panel on Medicare Education

Ms. Cronin led the members in introducing themselves and discussing their backgrounds and the organizations for which they worked.

**Advisory Panel on Medicare Education
May 23, 2002**

CMS Update/Issues

Thomas A. Scully, Administrator, CMS

Mr. Scully welcomed the new panel members and described the varied expertise for which he had selected them. He discussed his priorities for CMS, many of which concerned Medicare education.

2001 Media Campaign

Mr. Scully is aware that many people with Medicare, regardless of education or resources, do not understand the program. CMS designed the fall 2001 media campaign, featuring television ads with actor Leslie Nielson, to put a spotlight on Medicare and how the public can obtain answers to their Medicare questions. Concurrent with the media campaign, CMS quadrupled the capacity of the 1-800-MEDICARE call centers. The media campaign was effective in increasing calls to 1-800-MEDICARE.

Nursing Home Quality Initiative

Mr. Scully discussed his drive to provide fair, objective, and credible health care outcomes information about various health care providers. The release of the information is designed to educate consumers and cause change in provider behavior. The nursing home quality demonstration project is the first quality initiative. CMS launched the initiative with a six-state demonstration project that included newspaper ads in the pilot states. CMS will extend the project nationwide in the fall. The next quality initiative will focus on home health care. Mr. Scully asked for the Panel's input on educating consumers about health care quality and about the quality indicators that should be used.

CMS Health Care Industry Market Update

CMS is issuing a series of reports on the financial status of various sectors of the health care industry with which the agency contracts. The reports are designed to be used by CMS, the Department of Health and Human Services, Congress, and their staffs to determine the adequacy of funding or the need for regulatory reform. The latest report covered hospitals. Previous reports focused on the nursing home industry and publicly traded managed care organizations. Future reports will review home health agencies, device manufacturers, pharmaceuticals and other provider and supplier sectors.

Open Door Policy Initiative

Mr. Scully stated that he is combating the perception of CMS as a large, impenetrable agency. One way of making the agency more accessible is through convening a series of Open Door policy forums. The forums are public listening sessions held in Washington and around the country in which CMS hears what it is like to work under the rules it develops and listens to the various individual suggestions for improvement. The forums include doctors, nursing homes, hospitals, disability advocates, and others.

Charge to Panel

Mr. Scully stated that he is very interested in getting input from the APME. He encouraged the Panel to be engaged in its work and to contact him personally by telephone and email in between meetings when needed.

Advisory Panel on Medicare Education
May 23, 2002

Value of Medicare + Choice

Mr. Scully stated that Medicare + Choice is a good choice especially for people with Medicare who have low incomes. The choice that most beneficiaries make is between a Medicare + Choice plan and Medicare with a Medigap policy. CMS must make health care choices clearer for people with Medicare particularly the financial implications of their choices.

State Health Insurance Assistance Program

In response to a member's comment about the need for more resources for the State Health Insurance Assistance Program (SHIP), Mr. Scully stated that he is an admirer of the program. However, the reforms required by the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) have been costly for CMS. He would be pleased if Congress would appropriate more money for the SHIP.

***Medicare & You* Campaign Overview and Update**
Michael McMullan, CMS

Ms. McMullan reviewed the elements of the *Medicare & You* national Medicare education program. **(Attachment C)** She said that the genesis of the program was the Balanced Budget Act of 1997 (BBA). The BBA mandates that CMS conduct an annual Medicare education program and the communication channels that CMS must use to conduct this program. Prior to the BBA, Medicare education was principally the province of CMS Regional Office staff. The materials that CMS used before the BBA were written at the professional level rather than for direct consumption by people with Medicare. Today, CMS uses an evidence-based approach to assure that Medicare education is effective. The criterion for Medicare education is that the materials are accurate, reliable, relevant (meaningful to the audience), and understandable.

Medicare & You Handbook

CMS mails an updated *Medicare & You* handbook to every Medicare household each year and monthly to each new beneficiary as they age into the program. This totals approximately 37 to 38 million copies per year: 35-36 million for the annual mailing and 2.4 million for the mailings to new beneficiaries. The law specifies that CMS must mail the handbook to current beneficiaries 15 days prior to the start of the Medicare + Choice open enrollment period. CMS has conducted research in order to use the most effective formatting, sequencing, and language. People with Medicare view the handbook as a reference document. CMS produces other Medicare publications on a range of topics. Many of these publications are in print and others are available on the medicare.gov website. CMS produces its beneficiary materials in English and Spanish, and some materials in Chinese. When producing publications in languages other than English, CMS takes care that the materials are relevant to the target cultures and not simply word-for-word translations. Ms. McMullan explained that the 2003 handbook would contain the privacy rights notice required by the Health Insurance Portability and Accountability Act of 1996, and draw attention to the fact that pending legislation would delay limitations on switching among Medicare health plans [Note: On June 12, 2002, the President signed

Advisory Panel on Medicare Education

May 23, 2002

the Public Health Security and Bioterrorism Response Act of 2002. The Act delays the enrollment “lock-in” for three years until 2005].

Internet Activities: www.medicare.gov

www.medicare.gov is designed for people with Medicare and their caregivers. It is the most cost effective and flexible way of providing up-to-date information to the public. CMS developed several interactive databases for the site including: the Medicare Personal Plan Finder -- which allows the user to compare Original Medicare, Original Medicare plus a Medigap policy, and a Medicare + Choice plan; Nursing Home Compare; and Dialysis Facility Compare. Other databases on the site include: the prescription drug assistance and participating physician databases. CMS publicizes the website in all its materials and through employer benefit managers and other partners. She invited the Panel to provide other ideas for promoting www.medicare.gov.

Member Comment: A member suggested that CMS organize the prescription drug assistance database to allow users to search for assistance by specific drugs.

Toll-free Medicare Helpline: 1-800-MEDICARE

CMS provides answers to Medicare questions through the toll-free Medicare Helpline. Customer Service Representatives and an Interactive Voice Response Unit are available 24 hours a day, 7 days a week. Consumers may also order Medicare publications through the Helpline. The top questions concern Medicare Part B physician outpatient claims. The Helpline service has a high customer satisfaction rate. The chief complaint is the number of referral numbers for Medicare contractors, state offices, and other sources. CMS has a pilot project in Pennsylvania that is testing the use of 1-800-MEDICARE as the single number for Medicare questions. Ms. McMullan remarked that CMS now prints the 1-800-MEDICARE number on Medicare cards, taking the suggestion of a former member of the APME.

Partnerships

Regional Education About Choices in Health or REACH is a locally implemented national education and publicity campaign. The 10 CMS Regional Offices implement the campaign. Through REACH, CMS looks for opportunities to reach many people through working with local partners with special emphasis on those with barriers to accessing information because of language, location, or literacy. Other CMS partner activities include the National Partners Alliance Network, the Advisory Panel on Medicare Education, a national train-the-trainer program for Medicare information intermediaries, and working with other agencies within the Department of Health and Human Services that have shared interests.

National Publicity Campaign

The purpose of the national Medicare publicity campaign is to shine a light on what CMS does to educate people with Medicare. The objective of the 2001 campaign was to increase awareness of 1-800-MEDICARE as the source of answers to questions about Medicare. The campaign was effective in raising awareness of the number during the ad campaign but assessment showed that the public did not retain the number. The

Advisory Panel on Medicare Education

May 23, 2002

performance expectation for the 2002 campaign is to cause people to retain the information after the campaign.

State Health Insurance Assistance Program

Through the State Health Insurance Assistance Program (SHIP), CMS gives grants to states to offer free personal health insurance counseling and assistance to people with Medicare. The counseling concerns Medicare options, Medigap insurance, long-term care insurance, and related subjects. The SHIP's role has evolved to handling questions relating to individual health insurance needs. CMS also funds a SHIP Resource Center that facilitates the sharing of materials and resources among the SHIP contractors and interacts with CMS staff to help them understand and fulfill the needs of the SHIPs. Currently, CMS grants \$12 million for the program nationally. Many states provide additional money to support the SHIP.

Research and Assessment

Through CMS's research and assessment activities, CMS develops performance measures for the Medicare information channels for continuous quality improvement. CMS uses consumer research to define its target audience and message strategy, product test materials, and evaluate the impact of actions or materials. CMS is very interested in informing the public, in particular partners, about the results of its research and assessment.

Knowledge Management

Knowledge management, as CMS uses the term, refers to a structured approach to acquire, share, and leverage organizational knowledge. For example, CMS is working to make Medicare coverage rules and decisions more readily accessible to interested audiences. The information will be shared on www.cms.hhs.gov in an understandable, accessible, and searchable format.

Quality Initiative: Nursing Homes

Dorothea Musgrave, Senior Policy Analyst, Quality Measurement and Health Assessment Group, CMS

Ms. Musgrave stated that the nursing home quality initiative is the first step in CMS's initiative to provide improved quality information to people with Medicare and others (**Attachment D**). The purpose is to use published data on health care providers to encourage quality improvement and provide consumers with information to assist them in their health care choices. The nursing home initiative includes an expanded role for Quality Improvement Organizations (QIOs). The QIOs will help inform the public about the initiative and work with nursing homes to improve quality measurement tools. Six states are participating in the nursing home pilot demonstration: Florida, Colorado, Maryland, Ohio, Rhode Island, and Washington state. The consumer audience is people with Medicare and Medicaid -- both long-term and short stay residents. On April 24, CMS published newspaper ads that posted quality outcomes data on the residents of each nursing home in the pilot states. The data measured the following: use of restraints, weight loss, new infections, pain management prevalence, pressure sore prevalence,

Advisory Panel on Medicare Education

May 23, 2002

activities of daily living (ADL) decline, inadequate pain management, delirium, and walking improvement. The measures are adjusted to account for residents at greater risk for certain conditions, for example terminally ill residents who refuse to eat. The consumer information is available on www.medicare.gov at the Nursing Home Compare section. More detailed information is available on cms.hhs.gov. During the pilot phase, CMS will evaluate the quality improvement and public awareness campaign. CMS will then publish quality data on all U.S. nursing homes by October 2002. After CMS launched the initiative, page views on www.medicare.gov increased significantly and then tapered off. Call volume to 1-800-MEDICARE also increased after the launch. CMS trained the Customer Service Representatives to handle quality-related questions and to refer more technical questions to the QIOs.

Member Comments

After Ms. Musgrave's presentation, two Panel members made the following comments:

- CMS needs to test consumer knowledge, as well as awareness, of the quality information.
- Longevity of nursing staff is a good indicator of nursing home quality.
- QIO staff needs to be widely available to work with nursing homes to help them improve their quality of care.

2002 Medicare National Multi-Media and Education Campaign **Dallas (Rob) Sweezy, Director, Public Affairs Office, CMS**

Mr. Sweezy explained the objectives and methodology for the 2002 Medicare national multi-media and education campaign (**Attachment E**). He said that two of Administrator Tom Scully's top priorities for CMS are beneficiary education and making CMS more accessible to the public. Mr. Scully recognizes that while the public has a favorable opinion of Medicare, the program is not understood. He believes that an excellent way to reach people is through advertising. The fall 2001 multi-media campaign was successful in raising awareness of the 1-800-MEDICARE number. It included an intensive media buy including general market cable and network television, print advertising and Spanish-language focused advertising. CMS learned that it needs to continue the "drumbeat" to sustain awareness. An interim campaign running June through August 2002 will provide support during the summer months to bridge the fall 2001 and 2002 campaigns. The focus will again be to generate awareness of 1-800-MEDICARE among the younger cohorts (60-64) in addition to those who are age 65 and above. The media will be print -- Sunday magazines and targeted consumer publications -- and Internet. The Internet advertising will provide a foundation for future growth of this age segment's usage and establish a presence for younger caregivers and future recipients. The budget for the interim campaign is \$2.5 million.

Member Comment

A member commented that face-to-face outreach is important especially for African American and Hispanic audiences and that intermediaries need training in using Medicare materials.

**Advisory Panel on Medicare Education
May 23, 2002**

**APME Annual Report
Carol Cronin, APME**

Ms. Cronin reviewed the Committee Charge (**Attachment F**) and the APME Annual Report (**Attachment G**) for the benefit of the new members. She stated that the previous Panel had great interest in the needs of vulnerable populations including those with limited English proficiency and low literacy levels. In addition to CMS staff, the Panel heard from outside speakers including Social Security Administration staff, corporate benefits educators, and others. The Panel also took a position in favor of delaying the Medicare + Choice enrollment lock-in. The report contains over thirty specific recommendations on subjects such as vulnerable populations, language access, enrollment protections, information intermediaries, media and communications, and research and evaluation. One member reiterated the recommendation concerning the need for SHIP programs for Native American elders.

**Committee Discussion of *Medicare & You* Campaign
Dr. Susan Reinhard, APME**

There was consensus from the members that they would like to have further discussion on CMS's quality initiative at a future meeting.

**Public Comment
Dr. Susan Reinhard**

Sharon Brigner of the National Committee to Preserve Social Security and Medicare spoke about the importance of educating people with Medicare about preventive benefits.

Ms. Caliman read a written comment from Edith G. Walsh, Ph.D., Senior Research Associate, Health Economics Research, Waltham, Massachusetts. The comment stated: "Medicare & You, and similar documents, are lacking information pertinent to the close to 20% of Medicare beneficiaries who are dual eligibles (have Medicaid as well as Medicare). I have been looking at information sources available to Medicare/Medicaid dually eligible beneficiaries to help them understand coordination of benefits- particularly for those who are enrolled in M+C plans. For example, most categories of dual eligible beneficiaries (SSI, QMB+, QMB-only) are not liable for Medicare copays and deductibles under either M+C or Medicare fee-for-service, but there is little or no information for consumers about this in publications such as Medicare & You".

**Next Steps
Dr. Susan Reinhard**

Dr. Reinhard led a discussion on the committee's direction for the next two years.

In response to a member's request for the subjects on which CMS seeks the Panel's advice, Ms. McMullan suggested the following:

- Extending the reach of CMS's Medicare education efforts.

Advisory Panel on Medicare Education

May 23, 2002

- Making it agreeable to partners to provide Medicare information without CMS funding.
- Tailoring Medicare information for intermediaries.
- Determining the appropriate consumer for Medicare information.
- The priority of CMS Medicare education resources.

Members suggested the following subjects for the committee's consideration:

- Diversity in terms of language availability, community partnerships, and information intermediaries.
- The information needs of the younger disabled population.
- Linkages between Medicare and Medicaid education.
- Medicare education by health care providers.
- The role of caregivers and the faith community in Medicare education.
- Educating the public on the need for nursing home staff.
- Long-term care education including services.
- Educating people with Medicare about underutilized Medicare covered services.
- CMS's objectives and strategy for partnerships.
- Funding amounts for the various components of Medicare education.
- The Medicare Personal Plan Finder and other databases on medicare.gov.
- How people with Medicare make decisions on supplemental insurance and whether those decisions are appropriate to their needs.
- Positioning CMS as a source of information on where to obtain health care.
- Training for information intermediaries.
- Education on Medicare savings programs.

Adjournment

Nancy Caliman

There being no further business, Ms. Caliman adjourned the meeting at 4:00 p.m.

Prepared by:

Nancy M. Caliman, Designated Federal Official, Advisory Panel on Medicare Education
Division of Partnership Development /Partnership and Promotion Group
Center for Beneficiary Choices
Centers for Medicare & Medicaid Services

Approved by:

Carol Cronin, Chairperson
Advisory Panel on Medicare Education

Advisory Panel on Medicare Education
May 23, 2002

Attachments

- A.** *Federal Register* Notice, April 26, 2002 (Volume 67, Number 81, Pages 20802-20803).
- B.** Sign-in Sheet.
- C.** Eight Key Components of the *Medicare & You* Campaign.
- D.** Nursing Home Quality Initiative: Pilot Project.
- E.** 2002 Medicare National Multi-Media and Education Campaign.
- F.** Charge to the Advisory Panel on Medicare Education.
- G.** Annual Report, Advisory Panel on Medicare Education, January 31, 2002.